

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045360

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 3473

VS 300
Rev. 4/59

1 4603

2 40152

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4 1

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9 4200

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12 44-0

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DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkwood</u>		Length of stay in lb <u>12 Days</u>	c. CITY OR TOWN <u>Ballwin</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR STATION <u>St. Joseph's</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>150 Romine Circle</u>
3. NAME OF DECEASED (Type or print) First <u>Helen</u> Middle <u>Virginia</u> Last <u>McCrellis</u>		4. DATE OF DEATH Month <u>November</u> Day <u>25</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-13-23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Alton, Illinois</u>
13a. FATHER'S NAME <u>Gilbert Mullens</u>		13b. MOTHER'S MAIDEN NAME <u>Edith Fearnor</u>	14. NAME OF HUSBAND OR WIFE <u>Gene L. McCrellis</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	17. INFORMANT <u>Helen L. McCrellis</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary edema</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Congestive heart failure + shock</u> DUE TO (c) <u>Arteriosclerotic heart disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 day</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>8:40 pm</u> a.m. <u>8:40 pm</u> Month, Day, Year <u>1962 Jan 3</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Kirkwood</u>	
20g. COUNTY <u>Missouri</u>		20h. STATE <u>Missouri</u>	
21. I attended the deceased from <u>1962 Jan 3</u> to <u>Nov. 25, '62</u> and last saw her alive on <u>Nov 25, 1962</u> Death occurred at <u>8:40 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. Roger Nelson</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>135 W. Adams</u>	
22c. DATE SIGNED <u>11/26/62</u>		22d. CITY, TOWN, OR COUNTY <u>Kirkwood</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Reburied</u>		23b. DATE <u>11-28-1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Memorial Park</u>		23d. LOCATION (City, town, or county) <u>Godfrey, Illinois</u>	
24. FUNERAL DIRECTOR <u>Thomas J. Burke, Jr.</u>		25. DATE RECD. BY LOCAL REG. <u>11-28-62</u>	
26. REGISTRAR'S SIGNATURE <u>John B. Murphy</u>		26. REGISTRAR'S SIGNATURE <u>John B. Murphy</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Carson J. Quinn, Student Embalmer No. 835

working under my personal supervision.

Student Carson J. Quinn
Signature of Student Embalmer

Signed Thomas J. Burke, Jr.

Licensed Embalmer No. 4968
727 Langdon St.
P. O. Address Alton, Illinois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.